

AMBULANCE REVENUE AND COST REPORT

GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Southwest Ambulance of Tucson, Inc. CON No.: 54
DBA (Doing Business As): Kord's Southwest Phone: (800) 352-2309
Financial Records Address: 8465 N. Pima Road City: Scottsdale Zip Code: 85258
Mailing Address (If Different): _____
Owner/Manager: Rural/Metro Corporation
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. _____
Report for Period: From: January 1, 2014 To: December 31, 2014
Method of Valuing Inventory: LIFO () FIFO (X) Other (Explain):

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

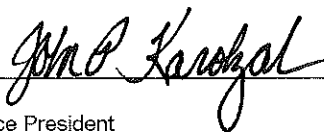
Rural/Metro Corporation

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature:



Title:

Vice President

Date:

6-29-15

Mail to:

Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

Revised August 2013

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) <u>TOTALS</u>
01	Number of ALS Billable Transports:	0	22	15,525	15,547
02	Number of BLS Billable Transports:	0	48	33,562	33,610
03	Number of Loaded Billable Miles:	0	586	411,259	411,845
04	Waiting Time (Hr. & Min.):	0.0	0.3	208.6	208.9
05	Cancelled (Non-billable) Runs:				22,514 *
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
06	Paramedic, EMT-I, and AEMT				0
07	Emergency Medical Technician (EMT)				0
08	Other Ambulance Attendants				0
09	Total Volunteer Hours				0

**This column reports only those runs where a contracted discount rate was applied. See page 7 to provide additional information regarding discounted contract runs.

* Number shown is total number of calls minus number of transports

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$62,661,357</u>
Less:			
02	AHCCCS Settlement.....		(\$6,832,567)
03	Medicare Settlement.....		(\$12,810,071)
04	Contractual Discounts.....	Pg 7 Ln 22	(\$25,492)
05	Subscription Service Settlement.....	Pg 8 Ln 4	\$0
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$19,668,130)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$42,993,227</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$67,280</u>
10	Total Operating Revenue.....		<u>\$43,060,507</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		\$20,234,128
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	\$11,801,792
13	General and Administrative Expenses.....	Pg 5 Ln 20	\$2,922,422
14	Cost of Goods Sold.....	Pg 3 Ln 15	\$737,120
15	Other Operating Expenses.....	Pg 6 Ln 28	\$2,983,206
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	\$1,958,635
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	\$0
18	Total Operating Expenses.....		<u>\$40,637,303</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$2,423,204</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	\$983
21	Non-Operating Revenue and (Expenses)		\$0
22	Non-Deductible Expenses (Attach Schedule).....		\$181
23	Total Other Revenue/Expenses.....		<u>\$983</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$2,424,187</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		\$824,224
26	State Income Tax.....		\$169,693
27	Total Income Tax.....		<u>\$993,917</u>
28	Ambulance Service - Net income (Loss)		<u>\$1,430,270</u>

Note: See the Notes to this Statement of Income reported on ARCR page "Notes 2 Notes"

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Note 1 Statement of Income data does not include amortization of Intangible Assets and does not include charges related to the closing of Rural/Metro billing offices.

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AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD **FROM: 1/1/14** **TO: 12/31/14**

Non-Deductible Expenses:		
22.1	Contributions and Penalties	<u>\$181</u>
22.2		<u> </u>
22.3		<u> </u>
22.4		<u> </u>
22.5		<u> </u>
22.6		<u> </u>
22.7		<u> </u>
22	Total.....Page 2, Non-Deductible Expenses	<u>\$181</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	15,547	=	\$ 17,442,035
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	33,610	=	\$ 33,838,477
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	411,845	=	\$ 7,901,215
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	208.9	=	\$ 52,578
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges In Effect During The Year

5	Medical Supplies (Gross Charges To Patients)		\$ 3,266,722
6	Nurses Charges		\$ 0
7	Total		\$ 62,501,027
8	Standby Revenue (Attach Schedule)		\$ 160,329
9	Other Ambulance Service Revenue (Attach Schedule)		\$ 0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)		\$ 62,661,357

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year	N/A
12	Plus Purchases	
13	Plus Other Costs	
14	Less Inventory at End of Year	N/A
15	Cost of Goods Sold (To Page 2, Line 14)	\$ 737,120 *

* The disposable medical supplies are expensed as used and are not inventoried by CON

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION		No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)		0.0	\$0
02	Payroll Taxes.....			\$0
03	Employee Benifits.....			\$0
04	Total.....		0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....		8.2	\$343,680
06	Payroll Taxes.....			\$27,341
07	Employee Benifits.....			\$61,792
08	Total.....		8.2	\$432,812
Gross Wages - AMBULANCE PERSONNEL				
(Attach schedule II):				
		**Casual Labor	Wages	
09	Paramedic, EMT-I, and AEMT.....	\$175,834	65.3	2,482,415
10	Emergency Medical Technician (EMT).....		158.0	\$4,455,915
11	Nurses.....		4.4	\$345,894
12	Payroll Taxes.....			\$565,504
13	Employee Benifits.....			\$1,278,046
14	Total.....		227.7	\$9,127,774
Gross Wages - OTHER PERSONNEL (Attach Schedule II):				
15	Dispatch.....		14.9	\$555,201
16	Mechanics.....		10.2	\$510,775
17	Office and Clerical.....		6.9	\$227,892
18	Other.....		11.7	\$485,787
19	Payroll Taxes.....			\$141,580
20	Employee Benifits.....			\$319,971
21	Total.....		43.7	\$2,241,206
22	Total F.T.E.'s Wages, Payroll Taxes and Employee Benefits (To Page 2, Line 12).....		279.6	\$11,801,792

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

** The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
	Professional Services:		
01	Legal Fees	\$0	
02	Collection Fees	\$361,436	
03	Accounting and Auditing	\$80	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$263,074	
06	Total.....		<u>\$624,590</u>
	Travel and Entertainment:		
07	Meals and Entertainment.....	\$4,361	
08	Transportation - Other Company Vehicles.....	\$0	
09	Travel.....	\$6,092	
10	Other:		
11	Total.....		<u>\$10,453</u>
	Other General and Administrative:		
12	Office Supplies.....	\$18,591	
13	Postage.....	\$21,317	
14	Telephone.....	\$140,692	
15	Advertising.....	\$2,155	
16	General Liability Insurance.....	(\$9,740)	
17	Dues and Subscriptions.....	\$29,513	
18 a	Other (Schedule Attached).....	\$326,155	
18 b	Other: Corporate Support Services.....	\$1,758,695	
19	Total.....		<u>\$2,287,379</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$2,922,422</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$20,195
5.2	Management & Human Resources	\$63,499
5.3	Medical Direction	\$0
5.4	Other (did not fit any other line item)	\$179,380
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	<u>\$263,074</u>

Other General and Administrative:		
18.a.1	Public Relations	\$761
18.a.2	Printing	\$38,995
18.a.3	Business Licenses & Misc Taxes	\$140,467
18.a.4	Bank Charges, Outside Claims & Miscellaneous	\$145,932
18.a.5		
18.a	Total.....Page 5, Other General & Administrative.	<u>\$326,155</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD

FROM: 1/1/14

TO: 12/31/14

OTHER OPERATING EXPENSES

Line

No. **DESCRIPTION**

Depreciation and Amortization:

01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$691,342
02	Amortization.....	\$0
03	Total.....	<u>\$691,342</u>
04	Rent/Lease (Attach Schedule III Ln 20 Col K Pg 13	<u>\$716,431</u>

Building/Station Expense:

05	Building & Cleaning Supplies.....	\$49,851
06	Utilities.....	\$106,572
07	Property Taxes.....	\$19,042
08	Property Insurance.....	
09	Repairs & Maintenance.....	\$86,429
10	Other (Attach Schedule).....	
11	Total.....	<u>\$261,895</u>

Vehicle Expense - Ambulance Units:

12	Licenses / Registration.....	\$17,011
13	Fuel.....	\$494,802
14	General Vehicle Service & Maintenance.....	\$10,012
15	Major Repairs.....	
16	Insurance - Service Vehicles.....	\$123,799
17	Other: Tires	\$71,614
18	Total.....	<u>\$717,238</u>

Other Expenses:

19	Dispatch.....	\$452,205
20	Education / Training.....	\$7,921
21	Uniforms & Uniform Cleaning.....	
22	Meals & Travel for Ambulance Personnel.....	
23	Maintenance Contracts.....	\$90,438
24	Minor Equipment - Not Capitalized.....	\$45,735
25	Ambulance Supplies - (Nonchargeable).....	
26	Other (Attach Schedule)	
27	Total.....	<u>\$596,300</u>
28	Total Other Operating Expenses (To Page 2, Line 15)	<u>\$2,983,206</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

DETAIL OF CONTRACTUAL ALLOWANCES

<u>Line No.</u>	<u>Name of Contracting Entity</u>	<u>Total Billable Runs</u>	<u>Gross Billing</u>	<u>Percent Discount</u>	<u>Allowance</u>
01					
02	AIR AMBULANCE FORUM DBA ONE CALL MEDICAL	1	1,616	30%	\$485
03	CASA DE LA LUZ HOSPICE INPATIENT UNIT	1	1,230	30%	369
04	CORNERSTONE HOSPITAL OF SOUTHEAST ARIZO	22	29,999	30%	9,000
05	EVERCARE HOSPICE AND PALLIATIVE CARE	1	1,175	30%	353
06	NORTHWEST MEDICAL CENTER	38	41,812	30%	12,544
07	ZDNU THE UNIVERSITY OF ARIZONA MEDICAL CEI	7	9,139	30%	2,742
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43					
ALLOWANCE TOTAL To Page 2 Line 4		70	\$84,972		\$25,492

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AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	
	LESS:	
02	AHCCCS Settlement	
03	Medicare Settlement	
04	Subscription Service Settlements	
05	Subscription Service Bad Debt	
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	
07	Net Revenue from Subscription Service Runs	
08	Sales of Subscription Contracts (To Page 2 Line 9)	\$67,280
09	Other Revenue (Attach Schedule)	
10	Total Subscription Service Revenue	
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	
12	Payroll Taxes	
13	Employee Fringe Benefits	
14	Professional Services	
15	Contract Labor	
16	Travel	
17	Other General & Administrative Expenses	
18	Depreciation/Amortization	
19	Rent/Lease	
20	Building/Station Expenses	
21	Transportation-Vehicles	
22	Other (Not Classified Above and Misc).	
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD **FROM: 1/1/14** **TO: 12/31/14**

OTHER OPERATING REVENUES AND EXPENSES

Line No.	DESCRIPTION	
	Other Operating Revenues:	
01	Supportive Funding - Local (Attach Schedule)	
02	Grant Funds - State (Attach Schedule)	
03	Grant Funds - Federal (Attach Schedule)	
04	Grant Funds - Other (Attach Schedule)	
05	Patient Finance Charges	
06	Patient Late Payment Charges	
07	Interest Earned - Related Person/Organization	
08	Interest Earned - Other	
09	Interest Income and Miscellaneous Revenue	\$9,600
10	Gain On Sale of Operating Property	0
11	Other:	
12	Total Other Operating Revenues	<u>\$9,600</u>
	Other Operating Expenses:	
13	(Loss) On Sale of Operating Property	(\$8,617)
14	Other:	
15	Other:	
16	Total Other Operating Expenses	<u>(\$8,617)</u>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)	<u><u>\$983</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE I DETAIL OF SALARIES / WAGES

Officers / Owners

Line No.	Name	Title	% of Owner-ship	Manage-ment	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals Wages Paid To Owners	*FTE
01	N/A		\$				\$					\$	
02													
03													
04													
05													
06													
07	Total			\$			\$					\$	N/A
													2

* Full - time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

1 Total wages paid to owners to Page 4 Col 2 Line 01.

2 Total FTEs to Page 4 Col 1 Line 01.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE II DETAIL OF SALARIES / WAGES

Management, Ambulance Personnel, Other Personnel

Line
No.

Detail of Salaries/Wages - Other Than Officers/Owners

01	MANAGEMENT:	METHOD OF COMPENSATION			
	Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$'s per Run or Shift
	Various Local Management	40 Hours a week	x	x	N/A
	Various Regional Management	40 Hours a week	x	x	N/A
02	AMBULANCE PERSONNEL:				
	Paramedic	56/50/48/40 hours/week	x		N/A
	EMT	56/50/48/40 hours/week	x		N/A
	Nurse	56/50/48/40 hours/week	x		N/A
03	OTHER PERSONNEL				
	Various Support Staff	40 Hours a week	x	x	N/A

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE III DEPRECIATION AND / OR RENT / LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Vehicle Rental			100%							\$0
02	Equipment Rental			100%							\$13,565
03											
04	Ambulances	Various	\$970,928	100%	\$970,928	SL	Various	\$0	\$249,929	\$740,849	
05	Accessorial Equipment	Various	\$342,280	100%	\$342,280	SL	Various	\$0	\$138,296	\$203,984	
06											
07											
08											
09											
10											
11											
12											
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18											
19											
20	SUBTOTAL		\$1,313,208		\$1,313,208				\$388,225		\$13,565

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* Complete description of property, date placed in service, and rent/lease amount columns only.

To Pg 13
Ln 19, Col K

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SCHEDULE III DEPRECIATION AND / OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Rented Real Estate			100%							\$647,432
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$55,435
04											
05	Other Vehicles	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
06	Non-Vehicle Fixed Assets	Various	\$36,886	100%	\$36,886	SL	Various	\$0	\$7,071	\$29,815	
07											
08	OH Vehicles	Various		100%		SL	Various		\$17,370		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$276,676		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$36,886		\$36,886			\$0	\$303,117		\$702,866
19	SUBTOTAL (from Pg 12 Ln 20)		\$1,313,208		\$1,313,208				\$388,225		\$13,565
20	SUM of Ln 18 and 19		\$1,350,094		\$1,350,094			\$0	\$691,342		\$716,431

To Pg 6, Ln 01 To Pg 6, Ln 04

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Schedule IV DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beg. of Period	(3) End of Period	(4) Interest Expense Related Persons or Organizations	(5) Other
<u>Service Vehicles & Accessorial Equipment</u>						
01	Name of payee:	%	\$		\$	\$
02						
03						
04						
<u>Communications Equipment</u>						
05	Name of Payee:	%	\$		\$	\$
06						
07						
<u>Other Property & Equipment</u>						
08	Name of Payee:	%	\$		\$	\$
09						
10						
<u>Working Capital</u>						
11	Name of Payee:	Various	In Corp Balances	\$	0	\$1,958,635
12	Various - See Audited Financials					
13						
<u>Other</u>						
14	Name of Payee:	%	\$		\$	\$
15	TOTAL		N/A	N/A	0	\$1,958,635
						---- (To Pg 2, Cl 2, Ln 16) ----

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

BALANCE SHEET

(in thousands, except shares)

ASSETS			
Current assets:			
01	Cash and cash equivalents	\$	962
02	Restricted cash		61
03	Accounts receivable, net		5,771
04	Inventories		270
05	Deferred tax assets, net		1,237
06	Prepaid expenses and other current assets		414
07	Total current assets		8,716
08	Property and equipment, net		2,641
09	Goodwill		5,732
10	Intangible assets, net		7,495
11	Deposits		1,606
12	Deferred tax assets, net		0
13	Other assets		247
14	Total assets	\$	26,437
LIABILITIES AND STOCKHOLDER'S EQUITY			
15	Accounts payable	\$	1,180
16	Accrued and other current liabilities		1,604
17	Deferred revenue		726
18	Deferred tax liabilities, net		0
19	Current portion of long-term debt		951
20	Total current liabilities		4,461
21	Long-term debt, net of current portion		14,110
22	Deferred tax liabilities, net		4,013
23	Other liabilities		1,515
24	Total liabilities		24,098
Stockholder's equity:			
Common stock, \$0.01 par value, 900 shares authorized,			
25	100 shares issued and outstanding		0
Preferred stock, \$0.01 par value, 100 shares authorized,			
26	zero shares issued and outstanding		0
27	Additional paid-in capital		4,105
28	Accumulated other comprehensive loss		(77)
29	Accumulated deficit		(1,689)
30	Total stockholder's equity		2,339
31	Total liabilities and stockholder's equity	\$	26,437

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF CASH FLOWS

(in thousands)

Cash flows from operating activities:		
01	Net loss	\$ (1,689)
Adjustments to reconcile net loss to net cash used in operating activities:		
02	Depreciation and amortization	1,146
03	Amortization of debt issuance costs	38
04	Accretion of interest on debt	156
05	Share-based compensation expense	9
06	Loss on sale of assets and property and equipment	16
07	Impairment of property and equipment, goodwill and intangible assets	86
Change in assets and liabilities:		
08	Accounts receivable, net	(2,398)
09	Inventories	17
10	Prepaid expenses and other current assets	122
11	Deposits	(8)
12	Other assets	56
13	Accounts payable	(164)
14	Accrued and other current liabilities	299
15	Deferred revenue	(17)
16	Other liabilities	259
17	Net cash used in operating activities	(2,071)
Cash flows from investing activities:		
18	Purchase of property and equipment	(875)
19	Proceeds from the sale/disposal of property and equipment	16
20	Decrease in restricted cash	490
21	Net cash used in investing activities	(369)
Cash flows from financing activities:		
22	Borrowings on Working Capital Loan	856
23	Payments on capital leases	(30)
24	Reduction of Deposits related to Backstop Loan	16
25	Payments on Backstop Loan	(16)
26	Debt issuance costs	(121)
27	Proceeds received from Reorganized Parent's issuance of equity	921
28	Net cash provided by financing activities	1,625
29	Decrease in cash and cash equivalents	(815)
30	Cash and cash equivalents, beginning of period	1,776
31	Cash and cash equivalents, end of period	\$ 962

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Kord's Southwest

FOR THE PERIOD **FROM: 1/1/14** **TO: 12/31/14**

The Notes below apply to the preceding Ambulance Revenue and Cost Report Page 15 and Page 16.

Note 1 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 are Special Purpose Reports.

Note 2 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports formats do not comply with generally accepted accounting principles and are not prepared using the accrual method of accounting.

Note 3 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports are unaudited.

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